No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10501

FILED APR 2 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2782

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3202 Delor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 3202 Delor

15 2157 0

3. NAME OF DECEASED (Type or Print) a. (First) Alexander b. (Middle) Joseph c. (Last) Walczyk

4. DATE OF DEATH (Month) (Day) (Year) 3-25-54

5. SEX Male C

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH Oct12-91

9. AGE (In years last birthday) 62 C — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Union Buiscit Co

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Poland

12. CITIZEN OF WHAT COUNTRY? Yes

13a. FATHER'S NAME Joseph Walczyk

13b. MOTHER'S MAIDEN NAME Katherine Deptula

14. NAME OF HUSBAND OR WIFE Rose Walczyk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ## (If yes, give war or dates of service) ##

16. SOCIAL SECURITY NO. 488-09-2228

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Walczyk 3202 Delor

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of face (rt. eye and Maxilla) — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug. '53

19b. MAJOR FINDINGS OF OPERATION Inoperable carcinoma of orbit and temporal fossa

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 191X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 1953 *to* March 25, 1954, *that I last saw the deceased alive on* March 25, 1954, *and that death occurred at* 12:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles L. Sherwin (Degree or title) MD

23b. ADDRESS 3720 Washington Blvd.

23c. DATE SIGNED 3-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/29/54

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. MAR 27 1954

REGISTRAR'S SIGNATURE H Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Central Funeral Home 1841 Cass av

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. W. Wilkinson

Licensed Embalmer No. 3.5

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.